2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103099

Entity Name: JACKSONVILLE ROLLERGIRLS, LLC

Apr 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8719 W. BEAVER STREET 8963 103RD ST

JACKSONVILLE, FL 32220 US JACKSONVILLE, FL 32210 US

Current Mailing Address: New Mailing Address:

8719 W. BEAVER STREET 8963 103RD ST

JACKSONVILLE, FL 32220 US JACKSONVILLE, FL 32210 US

FEI Number: 61-1545804 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

CAPPS, JOANN DMS CAPPS, JOANN D MS. 8719 W. BEAVER STREET 8963 103RD ST

US JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32220 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 04/03/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM (X) Change () Addition () Delete

CAPPS, JOANN D PRES CAPPS, JOANN D PRES Name: Name: 8719 W. BEAVER STREET Address: 8963 103RD ST Address:

City-St-Zip: JACKSONVILLE, FL 32220 US City-St-Zip: JACKSONVILLE, FL 32210 US

Title: () Delete Title: (X) Change () Addition

OSTEEN, BEVERLY VP Name: O'STEEN, BEVERLY VP Name: Address: 8719 W. BEAVER STREET Address: 8963 103RD ST

City-St-Zip: JACKSONVILLE, FL 32220 US City-St-Zip: JACKSONVILLE, FL 32210 US

Title: TRES () Delete Title: **TRES** (X) Change () Addition

LUDINGTON, MELISSA TRES LUDINGTON, MELISSA TRES Name: Name: 8719 W. BEAVER STREET Address: Address: 8963 103RD ST City-St-Zip: JACKSONVILLE, FL 32220 US City-St-Zip: JACKSONVILLE, FL 32210 US

Title: SEC () Delete Title: SEC

(X) Change () Addition BELARDE, NICOLE SEC Name: JACKSON, ANGELA SEC Name:

Address: 8719 W. BEAVER STREET Address: 8963 103RD

JACKSONVILLE, FL 32210 US City-St-Zip: JACKSONVILLE, FL 32220 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOANN CAPPS **MGRM** 04/03/2009